

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/890903	FILING DATE	10/16/61
APPLICANT(S)	[Signature]		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1			1				51					
2			1				52					
3			1				53					
4			3				54					
5							55					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
T TAL IND.			1				TOTAL IND.					
T TAL DEP.			5				TOTAL DEP.					
TOTAL CLAIMS			1				TOTAL CLAIMS					

BEST AVAILABLE COPY